



Do Not Write or Staple in This
Space.
Reserved For Fiscal.

Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115


Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

| Line | PO ID | PCC | RTI | Invoice ID | Invoice Description | AMOUNT | | | |
|---|----------------|--------------------|-------------|--------------|---------------------------------|--------------|-------------------|----------------------------|---------------|
| 1 | | 0 | | TPCN-12.2 | TPCN-12.2 (529-10-0013-000001E) | \$762,500.00 | | | |
| <u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u> | | | | | | | | | |
| E893 | | | | | | | | | |
| <div><div><u>Contract #</u> N</div><div><u>Wkfc</u> N</div><div><u>Org PmtDt</u></div><div><u>IC</u></div><div><u>RC</u></div></div> <div><div>Invoice DT: 09/21/15</div><div>Req'd Pay DT: 11/03/15</div><div>Inv Rec'd DT: 09/21/15</div><div>Pay Due DT: 11/30/15</div><div>Service DT: 10/31/15</div><div>P O DT:</div></div> | | | | | | | | | |
| | <u>Account</u> | <u>Entry Event</u> | <u>Fund</u> | <u>Dept.</u> | <u>Program</u> | <u>Class</u> | <u>Budget Ref</u> | <u>Pri/Grant</u> | <u>Amount</u> |
| 1.1 | 725300 | | 0001 | 716 | 5016 | 03138 | 2016 | TANF100F | \$762,500.00 |
| <u>Open Item Key:</u> | | | | | | | <u>Conf:N</u> | <u>Certified Amt: 0.00</u> | |

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

| | | | |
|---|-----------------------------|---------------|--------------------------|
| Approved By | Approver Phone(Area+Number) | Date Approved | Date Entered into HHSAS |
|  | | OCT 30 2015 | 10/30/2015 |
| Approved By | Approver Phone(Area+Number) | Date Approved | Entered By |
| | | | Kulkarni, Anjali Narayan |
| Contact Name | Contact Phone(Area+Number) | | |

01047099

RECEIVED
OCT 29 2015
HHSC Accounting Ops

Health & Human Services
Commission

STATE OF TEXAS

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

| | | | | | |
|--|-------------------|--|------------------------------|---|--|
| 2. Agency number 529 | | 3. Agency name Health & Human Services Commission | | 4. Current document number | |
| 8. Doc agency 529 | | | | | |
| 9. Texas identification number 1760802397 | | 10. PDT | 12. Purchase Order number | | 13. Document amount \$762,500.00 |
| 14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746 | | | 15. ESC Order number | | 17. AGENCY USE |
| 18 SFX 001 | FY 2016 | | COBJ 7253 | Amount \$ 762,500.00 | |
| Invoice date 9/21/2015 | | Invoice number / Account Number TPCN-12.2 | | Invoice Received Date 9/21/2015 | |
| DeptID/Speedchart 716 | | Requested Payment Date 3 DAY PAY | | Interest Control | Reason Code |
| 18 SFX 001 | FY | | COBJ | Amount | |
| Invoice date | | Invoice number / Account Number | | Invoice Received Date | |
| DeptID/Speedchart | | Requested Payment Date | | Interest Control | Reason Code |
| 18 SFX 001 | FY | | COBJ | Amount | |
| Invoice date | | Invoice number / Account Number | | Invoice Received Date | |
| DeptID/Speedchart | | Requested Payment Date | | Interest Control | Reason Code |
| 19. SERVICE / DEL DATE October 2015 | | 20. DESCRIPTION OF GOODS OR SERVICES Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016. | | 21. QUANTITY 1 | 22. UNIT PRICE \$ 762,500.00 |
| | | | | 23. AMOUNT \$ 762,500.00 | |
| 24. VENDOR CERTIFICATION | | | Phone (Area code and number) | | 25. Entered by |
| Vendor Contact Name | | | Phone (Area code and number) | | |
| 26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act. | | | | | |
| Agency contact/preparer SIGN HERE Beth Zahn | | Printed Name Beth Zahn | | Phone (Area code and number) 512-206-5111 | Date 10/23/2015 |
| Agency Approver SIGN HERE <i>Marilyn Eaton</i> | | Printed Name Marilyn Eaton | | Phone (Area code and number) 512-206-5187 | Date 10/23/2015 |

Rolando Garza Rolando Garza 424 6660

Form 4116 02/2015

10/26/15 10/29/15 Smb



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.2

Invoice Date: September 21, 2015

Due Date: October 31, 2015

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.2: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: October 31, 2015

\$762,500.00

Amount Due

\$762,500.00

1101 S. CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

2/15/16

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